



**POUMONS SAINS**



**POUMONS TABAGIQUES**

**Smoking causes lung cancer**

**STRATEGIC PLANNING FOR TOBACCO CONTROL**

A MODEL FOR THE AFRICAN REGION

# STRATEGIC PLANNING FOR TOBACCO CONTROL

A MODEL FOR THE AFRICAN REGION

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## FOREWORD

Successful implementation of the WHO Framework Convention on Tobacco Control (FCTC), its guidelines and protocol requires a strategic plan and the efforts of all sectors of government. Also needed is support from civil society, academic institutions and relevant partners in the private sector who are not affiliated with the tobacco industry. Implementation itself needs activities, which in turn, need not only coordination but also indicators that can be tracked over time so that progress can be documented.

This document provides a model for strategic planning that countries in the WHO African Region can use to identify both their priority strategies and action, and the key institutions that must work with them for successful implementation of the WHO FCTC. The model provides examples of strategies, actions, indicators, and even targets, that countries can plan for.

The step-by-step guide is our contribution to efforts to reduce tobacco use and exposure to tobacco. It is our hope that it will also help achieve the targets set under Sustainable Development Goals. We invite countries to use this guide, and to adapt it to their needs in order to develop a national strategic plan for tobacco control.

**Dr Abdikamal Alislad**  
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## ACRONYMS AND ABBREVIATIONS

CBOs	Community based organization
COP	Conference of Parties
CSOs	Civil society organizations
FCTC	Framework Convention on Tobacco Control
GYTS	Global Youth Tobacco Survey
NCD	Noncommunicable diseases
UNGASS	UN General Assembly Special Session
WHO	World Health Organization

## INTRODUCTION

Tobacco kills up to one-half of all its users, and remains one of the leading preventable causes of death. Each year, nearly 6.3 million people, including about 600 000 non-smokers, die prematurely from tobacco-related diseases. If current trends continue, tobacco will cause 8 million deaths a year by 2030, and 80% of these will be in developing countries. As incomes rise for a growing population, tobacco use could double if effective tobacco control measures are not implemented.

Alarmed by the globalization of the tobacco epidemic, Member States of the World Health Organization (WHO) negotiated and adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) — an evidence-based treaty that reaffirms the right of all peoples to the highest standard of life. The WHO FCTC has articles and guidelines that assist countries to achieve the objectives of the Convention. Article 5.1 of the WHO FCTC requires countries to “... *develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with this Convention and the protocols ...*”.

Strategic Planning for Tobacco Control: a model for the African Region has been prepared by the WHO Regional Office for Africa to support country-level efforts in implementing the Convention.



## STRUCTURE

Strategic planning involves setting goals, determining actions to achieve the goals, and mobilizing resources to execute the actions. A strategy describes how the ends (goals) will be achieved by the means (resources). In tobacco control, a strategic plan makes implementation of the WHO FCTC more systematic, involves all relevant stakeholders, defines roles and responsibilities, proposes the budget for implementation, sets the timeline therefor, and projects human and other resources needed to achieve the goals.

A national tobacco control strategic plan would normally contain the following sections or chapters:

- (a) **Acronyms and abbreviations.** This page provides a list of short forms of words or phrases as used in the plan, e.g., FCTC — Framework Convention on Tobacco Control; GYTS — Global Youth Tobacco Survey;
- (b) **Definition of terms.** This page provides a list of words, terms, and their meanings in the strategic plan, e.g., Tobacco control: a range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing the consumption of tobacco products and exposure to tobacco smoke.
- (c) **Foreword.** A brief statement presented by an authority from the government, usually someone from the Ministry of Health; example: the minister, the permanent or principal secretary, the director general of health or a person ranking as such. It is a brief exposition of tobacco-related issues within the country, including the need for a national tobacco control strategic plan. It may

also include any other relevant information on tobacco control.

- (d) **Acknowledgements.** This page expresses appreciation to those who worked on development of the plan, including any support from outside the country. It is not a long list of all participants, but only the names of key players who made substantial contributions to preparation of the document.
- (e) **Executive Summary.** This is a synopsis of the strategic plan; it enables decision-makers, for example, who may not have time to read the whole plan, to get a grasp of what is contained in the document. A maximum of two pages is allowed; but one page is recommended.

## CHAPTER 1: BACKGROUND

The background chapter is a brief description of the tobacco epidemic at global and regional levels, with appropriate references. It would typically cover:

- (a) Global and regional morbidity and mortality figures due to tobacco use;
- (b) Global and regional prevalence of tobacco use;
- (c) Diseases caused by tobacco use and exposure to tobacco;
- (d) Relevant calls by international bodies for effective tobacco control, e.g., COP, WHO, UNGASS, sub-regional bodies, etc.;
- (e) The need for a defined strategic plan to act as a road map and framework to guide tobacco control through comprehensive implementation of the WHO FCTC and its guidelines.

## CHAPTER 2: SITUATION ANALYSIS

The chapter on situation analysis is itself an in-depth analysis of the tobacco control situation in the country; it includes:

- (a) The economics of tobacco in the country – revenue, health and environmental effects;
- (b) Prevalence of tobacco use among adults and youth;
- (c) The burden of tobacco-related diseases and the cost of treatment;
- (d) The tobacco control policy environment – past, present and immediate future plans;
- (e) Mainstreaming of tobacco control into other plans (NCD, tuberculosis, poverty, etc.);
- (f) Challenges and any relevant issues that have a bearing on tobacco control in the country.

## CHAPTER 3: JUSTIFICATION

After chapters 1 and 2 have set the stage by providing the relevant information at global, regional and national levels, including highlighting the effects of tobacco on the economy, the environment and health, chapter 3 then briefly explains the benefits to be gained from developing and implementing a strategic plan. They include:

- (a) Protection of populations from the consequences of tobacco and tobacco products;
- (b) Increased awareness nationally of the tobacco epidemic and its negative effects on health, the environment and society, particularly awareness among relevant government agencies and the public at large;

- (c) Mobilization of resources, including funds, from the various sectors that will implement the strategic plan;
- (d) The workforce that will be needed to coordinate tobacco control work in the country;
- (e) Institutionalizing the involvement of relevant civil society organizations in the implementation of the strategic plan, as envisaged in the WHO FCTC.

#### CHAPTER 4: VISION, MISSION, CORE VALUES, GOAL AND OBJECTIVES

**Vision.** The vision is a powerful inspirational declaration of the strategic plan's long-term goal – a bold dream of a desired future state. It should be short (11 words or less) and straightforward; e.g., A tobacco-free Africa, or A tobacco-free Africa with healthy people, communities and environment.

**Mission statement.** This is a statement of the purpose of the plan and why it is being developed. The purpose should be expressed in a way that inspires support and on-going commitment so that it can motivate others. The language used should be proactive, and should describe what you do. Avoid any jargon. At the very least, the mission statement should answer three key questions:

- (a) What are the opportunities or needs that the plan will address (purpose);
- (b) What is being done to address the needs (business); and
- (c) What principles or beliefs guide your work (the values).

**Example:**

*To advocate, enable and mobilize multisectoral support for stronger tobacco control policies and programmes, in line with the WHO FCTC.*

In this example the questions answered are:

**The Purpose:** to support stronger tobacco control policies and programmes;

**The Business:** to advocate, enable and mobilize multi-sectoral support;

**The value:** in line with the WHO FCTC

**Core values.** These are principles or qualities that represent the plan's highest priorities and fundamental driving forces. Core values form the foundation on which you do our work and conduct yourselves. We recommend that the list of values should be four to six in number.

The strategic plan can be driven by any of the following core values (the list is not exhaustive):

1. Focus on results
2. Client care
3. Professional excellence
4. Accountability
5. Transparency
6. Integrity
7. Team work
8. Emphasis on participation
9. Justice
10. Gender equity

**Goal:** This is a desired result that the plan commits to achieve. A goal can be long-term or short-term.

**Example:** *"To reduce the prevalence of tobacco use, its associated diseases, disability and deaths in Africa"* or  
*"To improve the health and well-being of people in Africa, by reducing the impact of tobacco use"*

## CHAPTER 5: STRATEGIC OBJECTIVES

**Strategic objectives:** These are long-term organizational targets that help to convert a mission statement from a broad vision into more specific plans and tasks. They set the benchmarks for success and are designed to be specific, measurable, achievable, realistic and time-bound. They should also be translations of the mission statement that can be used to guide decision-making. The strategic objectives of a plan are usually developed for a period of two to five years. They should be derived from or aligned with the provisions of the WHO FCTC.

**Example:** *Strategic objective X: To reduce the demand for tobacco products.*

**Strategy.** This is a high-level plan or means to achieve one or more objectives. A strategy is important because the resources available to achieve the objectives and the goal are usually limited.

Strategies can be purposefully formulated, or can emerge as implementation takes place and lessons are learnt. They are derived from different Articles and specific Parts of the WHO FCTC.

**Example:** *Strategy 1: Increase taxes and levies on tobacco products (WHO FCTC Article 6);*

*Strategy 2: Protect persons from exposure to tobacco smoke (Article 8).*

**Implementation Matrix.** This should be presented in tabular format (see examples attached). The matrix should indicate the responsible institutions that will execute the proposed activities; the source of funds; and the specific time-frame within which the activities are expected to be implemented and completed.

## CHAPTER 6: MONITORING AND EVALUATION

### Monitoring

Monitoring is a continuing function that uses systematic collection of data on specific indicators to elicit evidence on the extent of achievement of objectives, or on the progress being made in the use of allocated resources, including funds.

### Indicators

An indicator is a quantitative or qualitative variable that can be used to show changes or progress a programme is making toward achieving a specific outcome.\* It provides a reasonably simple and reliable basis for assessing achievement, change, or performance. An indicator should be specific, observable and measurable, and should preferably be numerical or a proportion (e.g., percentage). Indicators which are determined during the planning phase of a project usually have the following components:

1. What is to be measured (*that which is going to change, e.g., participants reporting Shisha smoking among the youth*);
2. The unit of measurement to be used (*to describe the change, e.g., percentages*);

3. The pre-programme status (*sometimes called the "baseline", e.g., 40% in 2012*);
4. The size, magnitude or direction of intended change (*e.g., 20% in 2014*);
5. The quality or standard of the change to be achieved (*e.g., decreased Shisha smoking rate among youth*);
6. The target population (*e.g., youth or women*);
7. The time frame (*e.g., January 2017 to December 2018*).

### Evaluation

This is the systematic and objective assessment of ongoing or completed projects, programmes or policies, in respect of their:

- (a) Design
- (b) Implementation
- (c) Results

The criteria applied in the evaluation are:

- (a) Objectives
- (b) Efficiency
- (c) Effectiveness
- (d) Impact
- (e) Sustainability.

Evaluation emphasizes the assessment of outcomes and impact, rather than the delivery of outputs.



## CHAPTER 7: HUMAN RESOURCE ANALYSIS

The aim of human resource analysis is to make explicit the human resource situation for implementation of the WHO FCTC, and to develop "strategic staffing" projections. It is important that the human resource requirements are planned for because every strategic plan and expected output is affected by the human resource situation of the organization. The strategic plan, therefore, affords an opportunity to review the staffing situation in the various institutions. Human resource planning includes reviewing current staffing; identifying new staffing demand resulting from the strategic plan; doing a gap analysis and making projections to meet future human resource needs. This includes forecasting both the number and competencies of staff, potential sources of the needed skills, market factors, and financial resources for staffing. Leadership succession must also be factored in.

## CHAPTER 8: IMPLEMENTATION MATRIX

The matrices below are just examples of possible strategies, outputs and indicators, including proposals for means of verification, budgets and actors with responsibility for implementation. These will differ from country to country, and will therefore change appropriately.

Strategic objective 1: To reduce the demand for tobacco products														
	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
<b>Strategy 1:</b> Increase taxes on, and the prices of, tobacco products (WHO FCTC Art. 6)	Tobacco tax increased by 10% annually Revenue from tobacco increased by 7% annually Tobacco consumption reduced by 8% annually Budget allocation to tobacco control and prevention of NCDs increased	Percentage increase in tobacco taxes Percentage increase in revenue from tobacco Proportion of tobacco users Percentage increase in budget allocation to tobacco control and	National Revenue Authority reports and other statistics data and surveys MoH budget estimates	Ministry of Finance and the National Revenue Authority, in collaboration with relevant ministries, agencies and CSOs	62 500	Ministry of Finance, Revenue Authority, relevant ministries, NGOs, development partners	x	x	x	x				
<b>Strategy 2:</b> Establish a National Tobacco Control Programme and a Coordination Committee (WHO FCTC Article 5.2)	National Tobacco Control Programme established and operational by August 2017	Programme plan and national coordination mechanism established	National Tobacco control Program and Coordination Committee documents	Ministry of Health in collaboration with WHO, and relevant government agencies	250 000	Ministry of Health and all relevant departments of government.	x	x	x					
<b>Strategy 3:</b> Protect individuals from exposure to tobacco smoke (Art 8)	All public places made smoke free by June 2017	Number of public places declared smoke free	Survey and observational studies	Ministry of Health in collaboration with relevant government agencies, e.g., Environmental Protection agency, Local government, CSOs, Media	50 000	Ministry of Health, CSOs, development partners	x	x	x	x	x	x	x	x

Strategic objective 1: To reduce the demand for tobacco products														
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
<b>Strategy 4:</b> Disclose ingredients in tobacco products (Art. 9-10)	Chemical ingredients in tobacco products disclosed by June 2018	Number of reports from the tobacco industry providing chemical ingredients of tobacco products  Number of independent analytical reports providing chemical ingredients of tobacco products.	TI reports and government confirmatory reports	Ministry of Health in collaboration with relevant ministries & governmental agencies, e.g., food and drugs authority, revenue office etc.	50 000	Ministry of Health, development partners	x	x	x	x				
	Regulate components and additives as per the guidelines for implementing Articles 9&10 and WHO recommendations	Number of tobacco products analysed according to WHO standards methods of analysis	National Tobacco Laboratory reports	MoH and relevant government agencies e.g., Bureau of Standards or Food and Drugs Authority, etc.		Tobacco industry will meet cost of analysis	x	x	x	x				
<b>Strategy 5:</b> Require health warnings, particularly graphic health warnings, on all packaging of tobacco products (Art. 11)	All tobacco product packaging covered by rotating graphic health warnings on the principal display areas (Front and Back) by June 2018  Deceptive messages and or pictures on tobacco products removed by June 2018	All tobacco products packaging with at least 50% of the principal display area covered by rotating health warnings  No brands of tobacco products have deceptive messages and or pictures on the packages.	Survey and observational reports  Survey reports	Ministry of Health in collaboration with relevant ministries and government agencies e.g., Bureau of Standards	50 000	Ministry of Health, CSOs, development partners	x	x	x	x				
							x	x	x	x				

Strategic objective 1: To reduce the demand for tobacco products														
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
<b>Strategy 6:</b> Raise awareness on the hazards of tobacco and tobacco use; and the benefits of not using tobacco (Art. 12)	Community made aware by June 2018 of the hazards of tobacco use and benefits of not using tobacco	Proportion of persons aware of hazards of tobacco use and benefits of not using it  Number of mass and folk media education programmes on tobacco hazards and benefits of non-use.  Number of training workshops or seminars conducted	Survey and observation reports  Training reports Survey reports	Ministry of Health in collaboration with relevant ministries and government agencies, CSOs, etc.	100 000	Ministry of Health, CSOs, development partners	x	x	x	x	x	x	x	x
<b>Strategy 7:</b> Ban all forms of advertisement, promotion and sponsorship of tobacco products (Art. 13)	All forms of advertisement, promotion and sponsorship of tobacco products banned by June 2017	Absence of advertisement, promotion and sponsorship of tobacco products and companies	Survey and observation reports	Ministry of Health in collaboration with relevant government agencies, CSOs, the media, national and international institutions	120 000	Ministry of Health, CSOs, development partners	x	x	x	x	x	x	x	x
<b>Strategy 8:</b> Establish tobacco cessation programmes (Art.14)	Tobacco cessation programmes established by June 2017	Number of centres providing tobacco cessation services; presence of national guidelines on tobacco cessation	TC Programme report	MoHi in collaboration with relevant ministries and government agencies, e.g., Drug Control Commission, CSOs, etc.	300 000	Ministry of Health, development partners	x	x	x					

Strategic objective 1: To reduce the demand for tobacco products													
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years						
							1	2	3	4	5	6	7
Strategy 9: Establish tobacco prevention programmes for children and youth	School-based tobacco control programmes established by June 2018  Out-of-school interventions established by June 2019	Number of schools with active tobacco control programmes  Number of out-of-school interventions for tobacco control	Survey or programme reports  Survey or programme reports	MoH and Ministry of Education, in collaboration with relevant government agencies, CSOs and partners	300 000	Ministry of Health, Ministry of Education, development partners	x	x	x	x	x	x	x

Strategic objective 2: To reduce the supply of tobacco products														
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
<b>Strategy 1:</b> Curb illicit trade in tobacco products (Art. 15 and the Protocol to Eliminate Illicit Trade in Tobacco Products)	Reduce by at least 30% by June 2018 the levels of illicit tobacco trade	Amounts of smuggled and counterfeit tobacco products impounded	Customs and police reports	Customs Agency, in collaboration with relevant ministries and government agencies; regulatory bodies	225 000	National Revenue Authority, development partners	x	x	x	x	x			
	Standard labelling, marking and tax stamping of unit packets and packages of tobacco products enforced by December 2017	Proportion of unit packets and packages of tobacco products labelled as per the requirements	Inspection reports from regulatory authorities.	Revenue Authority, in collaboration with relevant ministries and government agencies		Ministry of Finance, Revenue Authority, Ministry of Health, development partners	x	x	x	x	x			
<b>Strategy 2:</b> Ban the sale of duty-free tobacco products	Duty-free tobacco product banned in shops by June 2018	Number of dealers transformed from duty- free to non-duty-free tobacco products	Reports from regulatory bodies and surveys	Ministry of Health, in collaboration with relevant ministries	112 500	Ministry of Finance, Ministry of Health, development partners	X	x	x	x	x			
	Sale of tobacco products to and by under-age persons banned by June 2018	Legislation or regulations in place to effect the ban	Law in place	Ministry of Health, in collaboration with relevant ministries, CSOs, etc.	62 500	Ministry of trade, Ministry of Health, development partners	x	x	x	x	x			
<b>Strategy 3:</b> Ban the sale of tobacco products by or to minors (Art. 16)														

Strategic objective 1: To reduce the demand for tobacco products														
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
	Signage with "No sale to minors" displayed prominently at points of sale by June 2018	Percentage of points of sale displaying signs restricting sales to under-age persons	Survey reports	Ministry of Health, in collaboration with relevant ministries and government agencies	187 500	Ministry of trade, Ministry of Health, development partners	x	x	x	x				
	Sale of cigarettes in single sticks banned by June 2018	Percentage of shops selling cigarettes only in packs of 20 sticks	Survey reports	Ministry of Health, in collaboration with relevant ministries	156 250	Ministry of trade, Ministry of Health, development partners	x	x	x	x				
<b>Strategy 4:</b> Support alternative livelihoods to tobacco production (Art. 17)	Awareness of alternative livelihood activities to tobacco production and trade raised by June 2018. Training of farmers on alternative livelihoods provided by June 2018	Number and types of alternative livelihoods identified Proportion of tobacco farmers engaged in alternative livelihoods	Survey and study reports Survey reports	Ministries in charge of agriculture, health and planning, in collaboration with other relevant ministries & government agencies, CSOs, etc.	400 000	Ministry of Agriculture, Ministry of Health, development partners	x	x	x	x				

Strategic objective 3: To protect the environment against tobacco-related hazards														
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
<b>Strategy 1:</b> Protect the environment from hazards of tobacco cultivation, manufacturing and use (Art.18)	Acreage under tobacco cultivation decreased by 10% from baseline by June 2020	Percentage reduction of land under tobacco cultivation  Percentage reduction of the volume of fuel wood used for tobacco curing	Survey reports	Ministries in charge of agriculture, environment and health, in collaboration with relevant government agencies, CSOs, etc	287 500	Ministries in charge of agriculture, environment and health; development partners	x	x	x	x				
<b>Strategy 2:</b> Protect the health of persons involved in tobacco cultivation, processing and manufacturing (FCTC Art.18)	Health of persons in tobacco cultivation, processing and manufacturing environments protected by June 2020.	Percentage reduction of reported ailments related to tobacco production and manufacturing	Survey and health reports	Ministry of Health, in collaboration with relevant ministries and gov. agencies NGOs, CBOs,	62 500	Ministries in charge of agriculture, environment and health; development partners	x	x	x					



Strategic objective 4: To put in place a mechanism for technical cooperation, research and information-sharing on tobacco control														
Strategy	Output	Indicator	Means of verification	Responsibility	Budget (USD)	Source of funds	Time-frame in years							
							1	2	3	4	5	6	7	
Strategy 1: Promote national research programmes and collaboration with stakeholders in tobacco control (Art. 20)	Collaborative research initiated with national and international partners by June 2016	Number and types of research conducted Number of research findings published and disseminated	Research reports Publications Newsletters Newspaper features Conference proceedings	Ministry of Health, in collaboration with national and international academic and research institutions; CSOs, etc.	600 000	Ministry in charge of research; Ministry of Health; development partners	x	x	x	x	x			
	National epidemiological surveillance system for tobacco developed by June 2016	Number of institutions involved in the tobacco surveillance system	Databases Reports Publications	Ministry of Health in collaboration with WHO, Academic and research institutions.	625 000	Ministry of Health, development partners	x		x	x	x			
Strategy 2: Develop and maintain a national tobacco control website	Web page (knowledge hub) on tobacco control established and maintained by June 2016	Functional national tobacco control web page	Web page address Number of visits to the web page	Ministry of Health, in collaboration with WHO and CSOs, etc.	156 250	Ministry of Health; development partners	x		X	x				

## CHAPTER 9: REFERENCES

Indicates references used in the preparation of the Strategic Plan document.